

CREDIT ACCOUNT APPLICATION

FULL TRADING TITLE

(PLEASE ATTACH OFFICIAL LETTER HEADING)

INVOICE ADDRESS

Address:

Town:

County:

Post Code:

Tel:

Fax:

Accounts Payable Contact:

Accounts Tel. No.:

Accounts E-mail:

Monthly Est. Order Value: £

Amount of Credit Required: £

DELIVERY ADDRESS (If Different)

Address:

Town:

County:

Post Code:

Tel:

Fax:

Buyer:

Date Trading Commenced:

Nature of Business:

No. of Employees:

Name of Co. Director:

TRADE REFERENCES

(1) NAME:

Address:

Town:

County:

Post Code:

Tel:

Fax:

(2) NAME:

Address:

Town:

County:

Post Code:

Tel:

Fax:

BANK DETAILS

Bank Name:

Address:

Sort Code:

Account No.

REGISTERED OFFICE

Address:

Registration No.:

TICK THIS BOX IF YOU DO NOT WISH FOR INTERFLEX TO REQUEST A BANK REFERENCE

WE APPLY FOR A CREDIT ACCOUNT WITH INTERFLEX LIMITED SUBJECT TO THE CONDITIONS OF SALE AS SHOWN ON OUR WEBSITE: WWW.INTERFLEX2000.COM

NAME OF AUTHORISED SIGNATORY: _____ (PLEASE PRINT)

SIGNED: _____

POSITION IN COMPANY: _____ DATE: _____

DATE REFERENCES SENT:-

REPLIES RECEIVED: REF (1) { } REF (2) { }

DATE ISSUED:-

D & B RATING:-

D-U-N-S No.:-

FAX/POST

AUTHORISED BY:-

D & B REPORT ENCL.

D & B RECOMMENDED CREDIT LIMIT:- £

BANK REFERENCE REQUESTED: YES / NO

FOLLOW UP:-

YES / NO

SALES REPRESENTATIVE:-

CREDIT LIMIT:-

ACCOUNT No.:-